

INTERFACILITY TRANSPORT TASK FORCE

MEETING

MAY 18, 2005 LITTLETON, NH

Members present:

Alisa Butler, DHHS - Rural Health; Dave Dubey, Berlin EMS/ EMS Coord. Board; Jonathan Dubey, Berlin EMS; Jean McGovern, Littleton Regional; Nick Mercuri, LRGH/Trauma Medical Review Comm.; Clay Odell, NHBEMS; Adam Smith, Ross Ambulance; Kim Thayer, Littleton Reg. Hosp.; Kurt Lucas, Littleton Reg. Hosp.; Michelle Willette, Stewarts Ambulance; David Santamaria, Stewarts Ambulance

Members excused:

Robin Gagnon, Woodsville Ambulance; Scott Howe, Weeks Medical Center; Deanna Howard, DHMC

- Introductions: Attendees introduced themselves and stated where they were from and/or what organization they represented.
- Mission Statement: The group discussed clarification of what the intention of this working group hopes to accomplish. After group discussion the following mission statement was accepted:

The Interfacility Transport Task Force will work to improve the efficiency of interfacility ambulance transfers without sacrificing quality.

For further clarity regarding the mission statement:

Efficiency = reduction of time to secure an ambulance resource to do the transfer and decrease in the workload of the person calling to request an ambulance.

Quality = An ambulance resource that is safe and has the correct level of care.

- Leadership of working group: The group discussed the leadership of the task force. The consensus was that until the group gets to know one another better, Clay Odell will continue in the role of coordinating the work of the task force. This issue will be reconsidered at a later date.
- Review materials: Committee members reviewed the document that summarized the results of the Interfacility Transport Summit that was held on March 11, 2005.
- Set Priorities: The task force had considerable discussion about problems that have been identified and potential solutions. The group prioritized the items of greatest importance to work on in the short term. In subsequent meeting further prioritization of items will occur. The tasks that received highest priority were:

- Improve coordination of resources. Development of a clearinghouse (probably an electronic one) to enable clinicians to more easily determine what resources are available in real time.
 - Eliminate decision-making based on ability to pay. Pursue a process that is blinded to insurance information for ambulance service acceptance or refusal of a transfer request.
 - Study the costs of interfacility transfer. With the cooperation assistance of ambulance services, acquire aggregate data of costs associated with interfacility ambulance transport. Work with hospitals to get an understanding of the percentages of such topics of critical vs. non-critical transports, transports related to patient convenience, etc.
 - Draft a generic decision tree to match patient needs with ambulance resources. This will address issues of clinicians complicating the acquisition of an ambulance because they request levels of care that are higher than the patient really needs.
 - Investigate the sharing of crew resources between services for episodes where a full crew is not available but an appropriate EMS provider from another service is ready and willing to serve as a crew member. Two areas to explore are inter-service agreements and a separate entity to “rent” EMS providers as needed.
- Work plan: Clay will summarize the priorities established by the task force and email the summary to the task force members. Between now and the next meeting the members are urged to consider work plans for the individual projects and whether they have specific project they would like to participate in at the subcommittee level in the future.
 - Next meeting: The next meeting is scheduled for June 21, 2005 at 10:00 at Littleton Regional Hospital. The task force appreciates Littleton Regional Hospital's support for this meeting and the June meeting.